

SPW

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/628,813
		Filing Date	07/28/2003
		First Named Inventor	Gerd K. Binnig et al.
		Group Art Unit	2818
		Examiner Name	Unknown
Total Number of Pages in This Submission	5	Attorney Docket Number	CH920000046US1

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Daniel E. Johnson	Reg. No. 37,033
Signature		
Date	11/01/2005	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313 on:

11/01/2005

Typed or printed name	Cheryl G. Ruby		
Signature		Date	November 1, 2005

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)
 0.00
**Complete if Known**

Application Number	10/628,813
Filing Date	July 28, 2003
First Named Inventor	Gerd K. Binnig et al.
Examiner Name	Unassigned
Art Unit	2818
Attorney Docket No.	CH920000046US1

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 09-0441 Deposit Account Name: International Business Machines

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x 50.00	= 0.00		50	25	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x 200.00	= 0.00		360	180	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

Fees Paid (\$)**SUBMITTED BY**

Signature	Daniel E. Johnson	Registration No. (Attorney/Agent) 37,033	Telephone 408-927-3367
Name (Print/Type)	<i>Daniel E. Johnson</i>		Date November 1, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of : November 1, 2005  
Gerd K. Binnig et al. : Group Art Unit: 2818  
Serial No.: 10/628,813 : Examiner: To be assigned  
Filed: July 28, 2003 : San Jose, California

Title: MECHANICAL DATA PROCESSING

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
U.S. Patent and Trademark Office  
P.O. BOX 1450  
Alexandria, VA 22313-1450

Dear Sir:

Under the provisions of 37 CFR § 1.97 through §1.99 and pursuant to Applicants' duty of disclosure under 37 CFR §1.56, Applicants respectfully bring the following document(s) listed on the attached form PTO-1449 to the attention of the Examiner in charge of the above-identified application. Copies of the listed document(s) are provided herewith. For each of these foreign-language documents, a translation of at least the abstract is included.

This Information Disclosure Statement is being submitted before receiving a first Office Action on the merits for the above-identified patent application. (No fee is due.)

This submission does not constitute an admission that the cited reference(s) are relevant or material to the claims. The reference(s) are only cited as constituting related art of which Applicants are aware.

It is respectfully requested that the listed references be considered by the Examiner and formally made of record in this application.

The Director is hereby authorized to charge payment of any deficiency in the above fee(s) or to charge any additional fees required under 37 CFR § 1.16 or 1.17 or credit any overpayment to Deposit Account No. 09-0441. A duplicate copy of this authorization is attached for the Finance Branch.

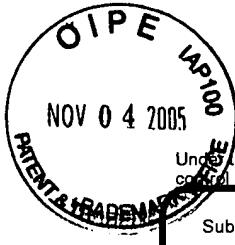
Respectfully submitted,

Gerd K. Binnig et al.

By Daniel E. Johnson  
Daniel E. Johnson (#37,038)  
Agent for Applicants  
Phone (408) 927-3367

DEJ:cgr

Attachments



NOV 04 2005

~~Under the Paper  
control number.~~

PTO/SB/08A (10-01)  
Approved for use through 10/31/2002. OMB 0651-0031

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO				<b>Complete If Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				<b>Application Number</b>	10/628,813
				<b>Filing Date</b>	July 28, 2003
				<b>First Named Inventor</b>	Gerd K. Binnig et al.
				<b>Art Unit</b>	2818
				<b>Examiner Name</b>	Unassigned
Sheet	1	of	1	Attorney Docket Number	CH920000046US1

## **U.S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

\* English translation of abstract incl.

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

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